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| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new non-provisional applications under 37CFR§1.53(b)) | Attorney Docket No. | TAL/7146.116 |
| | First Inventor or Application Identifier | Gaebel, Gary |
| | Title | DATA PROCESSING METHOD |
| | Express Mail Label No. | EL744772237US |

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| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231 | |
| 1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 C.F.R. 1.27 3. <input checked="" type="checkbox"/> Specification [Total pages 15] (preferred arrangement set forth below) - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Federally Sponsored R&D - Reference to sequence listing, a table or a computer program listing - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages 2] 5. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with Box 17 completed) i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.53(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 C.F.R. 1.76 | | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies) or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English translation document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS) /PTO <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B) (i) Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other - Check in the sum of \$822 | |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 C.F.R. 1.76.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: ____/____

Prior application information: Examiner _____ Group No./Art Unit _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

| | | | |
|--|---|---|--------------------|
| 17. CORRESPONDENCE ADDRESS | | | |
| <input type="checkbox"/> Customer Number or Bar Code Label | | (Insert customer number or attach bar code label here) | |
| | | or <input checked="" type="checkbox"/> Correspondence address below | |
| Name | Timothy A. Long | | |
| Address | Chemoff, Vilhauer, McClung & Stenzel, LLP, 1600 ODS Tower, 601 S.W. Second Avenue | | |
| City | Portland | State | OR |
| Country | USA | Zip Code | 97204-3157 |
| | Telephone | (503) 227-5631 | FAX (503) 228-4373 |
| Name (print/ type) | Timothy A. Long | Registration No. (Attorney/Agent) | 28,876 |
| Signature | Timothy A. Long | | Date 06/19/01 |

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| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | |


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|---|--|-------|--|----------------------|--|-------------------------|--|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p> | | | | Complete If Known | | | |
| | | | | Application Number | | | |
| | | | | Filing Date | | June 19, 2001 | |
| | | | | First Named Inventor | | Gaebel, Gary | |
| | | | | Examiner Name | | | |
| Group/ Art Unit | | | | | | | |
| TOTAL AMOUNT OF PAYMENT | | \$822 | | Attorney Docket No. | | TAL/7146.116 (SLA 1030) | |

| METHOD OF PAYMENT (check one) | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------|---|----------|----------|----------|--|-----------------|----------|--|--|-----|-----|-----|-----|--------------------|-----|--|--|-----|-----|-----|-----|-------------------|--|--|--|-----|-----|-----|-----|------------------|--|--|--|-----|-----|-----|-----|--------------------|--|--|--|-----|-----|-----|----|------------------------|--|---------------------|--|--|--|--|--|--|--------------|--|--------------|----------------|----------|--------------|----|---|--|---------------|---|--|--|--------------------|--|--|--|--------------|--------------|----------|----------|----------|----------|-----------------|----------|--|--|-----|----|-----|---|------------------------|--|--|--|-----|----|-----|----|-----------------------------------|--|--|--|-----|-----|-----|-----|---------------------------------------|--|--|--|-----|----|-----|----|---|--|--|--|-----|----|-----|---|--|--|---------------------|--|--|--|--|--|--|-------------|--|--------------|--------------|----------|----------|----------|----------|-----------------|----------|--|--|-----|-----|-----|----|-------------------------------------|--|--|--|-----|----|-----|----|--|--|--|--|-----|-----|-----|-----|---------------------------|--|--|--|-----|-------|-----|-------|--|--|--|--|-----|------|-----|------|--|--|--|--|-----|-------|-----|-------|---|--|--|--|-----|-----|-----|----|--|--|--|--|-----|-----|-----|-----|---|--|--|--|-----|-----|-----|-----|--|--|--|--|-----|-------|-----|-----|---|--|--|--|-----|-------|-----|-----|--|--|--|--|-----|-----|-----|-----|------------------|--|--|--|-----|-----|-----|-----|--|--|--|--|-----|-----|-----|-----|--------------------------|--|--|--|-----|-------|-----|-------|---|--|--|--|-----|-----|-----|----|----------------------------------|--|--|--|-----|-------|-----|-----|------------------------------------|--|--|--|-----|-------|-----|-----|--------------------------------|--|--|--|-----|-----|-----|-----|------------------|--|--|--|-----|-----|-----|-----|-----------------|--|--|--|-----|-----|-----|-----|-------------------------------|--|--|--|-----|----|-----|----|---|--|--|--|-----|-----|-----|-----|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the indicated fees and credit any over payments to:</p> <p>Deposit Account Number 03-1550</p> <p>Deposit Account Name Chernoff Vilhauer McClung & Stenzel</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 & 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table style="width: 100%; font-size: x-small;"> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td></td> <td></td> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> <td style="border: 1px solid black; text-align: center;">710</td> </tr> <tr> <td></td> <td></td> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td colspan="7" style="text-align: right;">SUBTOTAL (1)</td> <td style="border: 1px solid black; text-align: center;">\$710</td> </tr> </table> <p>2. EXTRA CLAIM FEES</p> <table style="width: 100%; font-size: x-small;"> <tr> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td>Total Claims</td> <td style="border: 1px solid black; text-align: center;">24</td> <td>-20** = 4 x 18 = 72</td> <td></td> </tr> <tr> <td>Indep. Claims</td> <td style="border: 1px solid black; text-align: center;">3</td> <td>-3** = 0 x = </td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td> x = </td> <td></td> </tr> </table> <p><small>*or number of previously paid, if greater. For reissues, see below.</small></p> <table style="width: 100%; font-size: x-small;"> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td></td> <td></td> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td></td> <td></td> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td></td> <td></td> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td></td> <td></td> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td></td> <td></td> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>*Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="7" style="text-align: right;">SUBTOTAL (2)</td> <td style="border: 1px solid black; text-align: center;">\$72</td> </tr> </table> | Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | 101 | 710 | 201 | 355 | Utility filing fee | 710 | | | 106 | 320 | 206 | 160 | Design filing fee | | | | 107 | 490 | 207 | 245 | Plant filing fee | | | | 108 | 710 | 208 | 355 | Reissue filing fee | | | | 114 | 150 | 214 | 75 | Provisional filing fee | | SUBTOTAL (1) | | | | | | | \$710 | | Extra Claims | Fee from below | Fee Paid | Total Claims | 24 | -20** = 4 x 18 = 72 | | Indep. Claims | 3 | -3** = 0 x = | | Multiple Dependent | | x = | | Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | 103 | 18 | 203 | 9 | Claims in excess of 20 | | | | 102 | 80 | 202 | 40 | Independent claims in excess of 3 | | | | 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid | | | | 109 | 80 | 209 | 40 | **Reissue independent claims over original patent | | | | 110 | 18 | 210 | 9 | *Reissue claims in excess of 20 and over original patent | | SUBTOTAL (2) | | | | | | | \$72 | <p>3. ADDITIONAL FEES</p> <table style="width: 100%; font-size: x-small;"> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td></td> <td></td> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>113</td> <td>1840*</td> <td>113</td> <td>1840*</td> <td>Requesting publication of SIR after Examiner action</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for reply within second month</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for reply within third month</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td>Extension for reply within fourth month</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>128</td> <td>1,890</td> <td>228</td> <td>945</td> <td>Extension for reply within fifth month</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td>Petition to revive - unintentional</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td>Utility issue fee (or reissue)</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td>Plant issue fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td>126</td> <td>240</td> <td>126</td> <td>240</td> <td>Submission of Information Disclosure Statement</td> <td style="border: 1px solid black;"></td> </tr> <tr></tr></table> | Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | | | | 127 | 50 | 227 | 25 | Surcharge-late provisional filing fee or cover sheet | | | | 139 | 130 | 139 | 130 | Non-English specification | | | | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | | | | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | | | | 113 | 1840* | 113 | 1840* | Requesting publication of SIR after Examiner action | | | | 115 | 110 | 215 | 55 | Extension for reply within first month | | | | 116 | 390 | 216 | 195 | Extension for reply within second month | | | | 117 | 890 | 217 | 445 | Extension for reply within third month | | | | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month | | | | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month | | | | 119 | 310 | 219 | 155 | Notice of Appeal | | | | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | | | | 121 | 270 | 221 | 135 | Request for oral hearing | | | | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | | | | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | | | | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | | | | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | | | | 143 | 440 | 243 | 220 | Design issue fee | | | | 144 | 600 | 244 | 300 | Plant issue fee | | | | 122 | 130 | 122 | 130 | Petitions to the Commissioner | | | | 123 | 50 | 123 | 50 | Petitions related to provisional applications | | | | 126 | 240 | 126 | 240 | Submission of Information Disclosure Statement | |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 101 | 710 | 201 | 355 | Utility filing fee | 710 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 106 | 320 | 206 | 160 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SUBTOTAL (1) | | | | | | | \$710 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indep. Claims | 3 | -3** = 0 x = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | x = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 103 | 18 | 203 | 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 109 | 80 | 209 | 40 | **Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 110 | 18 | 210 | 9 | *Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | | | | | \$72 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 113 | 1840* | 113 | 1840* | Requesting publication of SIR after Examiner action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 115 | 110 | 215 | 55 | Extension for reply within first month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 116 | 390 | 216 | 195 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 117 | 890 | 217 | 445 | Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 119 | 310 | 219 | 155 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 121 | 270 | 221 | 135 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 143 | 440 | 243 | 220 | Design issue fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 122 | 130 | 122 | 130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 123 | 50 | 123 | 50 | Petitions related to provisional applications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 126 | 240 | 126 | 240 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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BY "EXPRESS MAIL"

Applicant: Gary Gaebel


Dwight Bergquist-Moody